



Practitioner Wholesale Account Setup

Company Name/Owner Name(s):

Company Website:

Email Address:

Phone Number:

Type of Practitioner:

Mailing Address:

Billing Address (if different):

Certification or State License:

Is the name on your license different than listed on this application?

If yes, what name is on your license?

About you

In a few sentences, please describe your practice/areas of focus:

How did you hear about us?